

CITY OF SOUTH FULTON



BlueCross BlueShield
of Georgia

Fully Insured Rates

6/1/2017

	RATES	REINSURANCE	ACA	COMBINED RATES	INCREASE OVER CURRENT
EMPLOYEE POS	\$631.54	\$0.00	\$10.70	\$642.24	
EE/SP	\$1,263.07	\$0.00	\$21.41	\$1,284.48	11.9%
EE/CHILD(REN)	\$1,894.60	\$0.00	\$32.11	\$1,926.71	
FAMILY	\$0.00	\$0.00	\$0.00	\$0.00	
EMPLOYEE H.S.A	\$553.40	\$0.00	\$9.38	\$562.78	
EE/SP	\$1,106.80	\$0.00	\$18.76	\$1,125.56	13.3%
EE/CHILD(REN)	\$1,660.20	\$0.00	\$28.14	\$1,688.34	
FAMILY	\$0.00	\$0.00	\$0.00	\$0.00	
Overall Increase					12.0%

5/18/17

Blue Open Access POS – City of South Fulton

Benefit Summary **DRAFT**



All benefits are subject to the calendar year deductible, except those with in-network copayments, unless otherwise noted.
 All calendar year benefit maximums are combined between in-network and out-of-network.
 In addition to copayments, members are responsible for deductibles and any applicable coinsurance.
 Members are also responsible for all costs over the plan maximums.
 Some services may require pre-certification before services are covered by the Plan.

When using out-of-network providers, members are responsible for any difference between the allowed Maximum Allowed Amount and the amount the provider actually charges, as well as any copayments, deductibles and/or applicable coinsurance.

Deductibles, Coinsurance and Maximums	In-network Benefit Level	Out-of-Network Benefit Level
Calendar Year Deductible* <ul style="list-style-type: none"> Individual Employee + 1 Family 	\$250 \$375 \$500	\$500 \$750 \$1,000
Coinsurance	Member pays 10% Plan pays 90%	Member pays 40% Plan pays 60%
Calendar Year Out-of-Pocket Maximum* (includes calendar year deductible) <ul style="list-style-type: none"> Individual Employee + 1 Family 	\$2,000 \$3,000 \$4,000	\$4,000 \$6,000 \$8,000
*Deductibles and out-of-pocket maximums are added separately for in-network and out-of-network services. One family member may reach his or her Individual deductible and be eligible for coverage on health care expenses before other family members. Each family member's deductible amount also goes toward the Family deductible and out-of-pocket maximum. Not everyone has to meet his or her deductible and out-of-pocket maximum for the family to meet theirs. When the Family deductible is met, all family members can access coverage for health care expenses. The medical and pharmacy copayments on this plan will apply toward the out-of-pocket maximums. The following do not apply to out-of-pocket maximums: non-covered items, plan premiums, any balance billing due to Out-of-Network services.		
Covered Services	In-network Benefit Level	Out-of-Network Benefit Level
Preventive Care Services for Children and Adults (preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits) <ul style="list-style-type: none"> Well-child care, immunizations Periodic health examinations Annual gynecology examinations Prostate screenings 	Member pays 0% (not subject to deductible)	Member pays 40% after deductible (deductible waived through age 5)
Physician Office Visits for Illness and Injury (including labs, x-rays, and diagnostic procedures) <ul style="list-style-type: none"> Primary Care Physician (PCP)* Specialist Physician 	\$25 copayment \$40 copayment	Member pays 40% after deductible
*Also applies to services rendered at Retail Health Clinics		
Retail Health Clinic <ul style="list-style-type: none"> Immunizations Periodic health examinations 	\$25 copayment	Member pays 40% after deductible
Maternity Physician Services <ul style="list-style-type: none"> Global obstetrical care (prenatal, delivery and postpartum services) 	Member pays 10% after deductible	Member pays 40% after deductible
Online Medical Visit https://livehealthonline.com	\$25 PCP copayment or \$40 Specialist copayment	Member pays 40% after deductible
Online Behavioral Health Visit https://livehealthonline.com	\$25 PCP copayment or \$40 Specialist copayment	Member pays 40% after deductible
Allergy Services <ul style="list-style-type: none"> Office visits, testing and the administration of allergy injections 	\$25 PCP copayment or \$40 Specialist copayment	Member pays 40% after deductible
<ul style="list-style-type: none"> Allergy injection serum 	Member pays 10% after deductible	Member pays 40% after deductible

Covered Services	In-network Benefit Level	Out-of-Network Benefit Level
Office Surgery (surgery and administration of general anesthesia)	Member pays 10% after deductible	Member pays 40% after deductible
Office Therapy Services <ul style="list-style-type: none"> Physical Therapy and Occupational Therapy: 20-visit benefit period maximum combined Speech Therapy: 20-visit benefit period maximum Chiropractic Care/Manipulation Therapy: 20-visit benefit period maximum 	\$25 PCP copayment or \$40 Specialist copayment	Member pays 40% after deductible
Other Therapy Services (chemotherapy, radiation therapy, cardiac rehabilitation [There is no Cardiac Rehabilitation visit max on this plan; EHB benchmark plan indicates zero max; authorization required] and respiratory/pulmonary therapy)	Member pays 10% after deductible	Member pays 40% after deductible
Advanced Diagnostic Imaging (MRI, MRA, CT Scans and PET Scans)	Member pays 10% after deductible	Member pays 40% after deductible
Urgent Care Services	\$50 copayment	Member pays 40% after deductible
Emergency Room Services <ul style="list-style-type: none"> Life-threatening illness or serious accidental injury only The ER copayment will be waived if admitted to the hospital 	\$150 copayment	\$150 copayment
Outpatient Facility Services <ul style="list-style-type: none"> Surgery facility/hospital charges Diagnostic x-ray and lab services Physician services (anesthesiologist, radiologist, pathologist) 	Member pays 10% after deductible	Member pays 40% after deductible
Inpatient Facility Services <ul style="list-style-type: none"> Daily room, board and general nursing care at semi-private room rate, ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care Physician services (anesthesiologist, radiologist, pathologist) 	Member pays 10% after deductible	Member pays 40% after deductible
Skilled Nursing Facility <ul style="list-style-type: none"> 120-day benefit period maximum 	Member pays 10% after deductible	Member pays 40% after deductible
Mental Health/Substance Abuse Services (*services must be authorized by calling 1-800-292-2879) <ul style="list-style-type: none"> Inpatient mental health and substance abuse services* (facility and physician fee) Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP)* (facility and physician fee) Office mental health and substance abuse services (physician fee) Outpatient mental health and substance abuse services (physician fee) 	Member pays 10% after deductible Member pays 10% after deductible \$25 copayment Member pays 10% after deductible	Member pays 40% after deductible Member pays 40% after deductible Member pays 40% after deductible Member pays 40% after deductible
Home Health Care Services <ul style="list-style-type: none"> 120-visit benefit period maximum 	\$25 copayment	Member pays 40% after deductible
Hospice Care Services <ul style="list-style-type: none"> Inpatient and outpatient services covered under the hospice treatment program 	Member pays 10% after deductible	Member pays 40% after deductible
Durable Medical Equipment (DME)	Member pays 10% after deductible	Member pays 40% after deductible
Ambulance Services (covered when medically necessary)	Member pays 10% after deductible	Member pays 10% after deductible

Prescription Drugs (Option A)

- If a member receives a brand name drug that falls on Tier 2 or Tier 3 that has a generic equivalent available, the member pays the Tier 1 copay, plus the difference in cost between the brand drug and generic drug. This applies even when physician indicates DAW (dispense as written) or obtains an authorization.
- All member cost shares (copayments and coinsurance) for pharmacy benefits will apply to the plan Out-Of-Pocket Maximums.

Retail and Home Delivery maintenance drug coverage is provided at one of four tier levels in accordance with the Formulary Drug List. Members must file a claim form for reimbursement when using an out-of-network pharmacy.

Specialty drugs can only be obtained from a Specialty Pharmacy.

Refer to last page for Tier definitions

▪ Retail Drugs - Tier 1 (30 day supply)	\$10 copayment
▪ Retail Drugs - Tier 2 (30 day supply)	\$30 copayment
▪ Retail Drugs - Tier 3 (30 day supply)	\$50 copayment
▪ Retail Drugs - Tier 4 (Specialty Drugs) (30 day supply)	\$75 copayment
▪ Home Delivery Maintenance Drugs - Tier 1 (90 day supply)	\$20 copayment
▪ Home Delivery Maintenance Drugs - Tier 2 (90 day supply)	\$60 copayment
▪ Home Delivery Maintenance Drugs - Tier 3 (90 day supply)	\$100 copayment
▪ Home Delivery Maintenance Drugs - Tier 4 (Specialty Drugs) (30 day supply)	\$150 copayment

For a full disclosure of all benefits, exclusions and limitations please refer to your Certificate Booklet.

Prescription Drug Tier Definitions

Tier 1 – These drugs have the lowest copayment. This tier will contain low cost or preferred medications. This tier may include generic, single source brand drugs, or multi-source brand drugs.

Tier 2 – These drugs will have a higher copayment than tier 1 drugs. This tier will contain preferred medications that generally are moderate in cost. This tier may include generic, single source, or multi-source brand drugs.

Tier 3 – These drugs will have a higher copayment than tier 2 drugs. This tier will contain non-preferred or high cost medications. This tier may include generic, single source brand drugs, or multi-source brands drugs.

Tier 4 – Tier 4 Prescription Drugs will have a higher Coinsurance or Copayment than those in Tier 3. This tier will contain Specialty Drugs.

Summary of Limitations and Exclusions

Your **Certificate Booklet** will provide you with complete benefit coverage information. Some key limitations and exclusions, however, are listed below:

- Routine physical examinations necessitated by employment, foreign travel or participation in school athletic programs
- Non-emergency use of the emergency room
- Removal/extraction of impacted teeth
- Private duty nursing
- Care or treatment that is not medically necessary
- Cosmetic surgery, except to restore function altered by disease or trauma
- Dental care and oral surgery, except for accidental injury to natural teeth, treatment of TMJ and radiation for head and neck cancer
- Occupational related illness or injury
- Treatment, drugs or supplies considered experimental or investigational

See Certificate Booklet for Complete Details

It is important to keep in mind that this material is a brief outline of benefits and covered services and is not a contract. Please refer to your **Certificate Booklet Form** (the contract) for a complete explanation of covered services, limitations and exclusions.



The Power of Blue™


3350 Peachtree Road, NE • Atlanta, Georgia 30326 • 1-855-397-9267
Blue Cross Blue Shield Healthcare Plan of Georgia, Inc., is an independent licensee of the Blue Cross and Blue Shield Association.
The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.
City of South Fulton (NS) Effective 05/01/2017 (NGF) OAP5 50010 2K A Last Updated: 04/12/2017 A. Thompson
02599GAMENBGA— eff 1/1/17


Language Access Services:

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (855) 333-5731 로 문의하십시오.

(Navajo) (Diné): D7 naaltsoos bik1'7g7 [ahgo b7na'7d7kidgo n1 boh0n4edz3 d00 bee ah00t'i' t'11 ni nizaad k'ehj7 bee ni hodoomih t'1adoo b33h 7Tn7g00. Ata' halne'7g7 [a' bich'8' hadeesdzih n'n7zingo koj8' hod77lnih (855) 333-5731.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (855) 333-5731.

(Punjabi) (ਪੰਜਾਬੀ):  , (855) 333-5731 

(Russian) (русский):   , (855) 333-5731.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (855) 333-5731.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpalitwanag, tawagan ang (855) 333-5731.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Quý vị có thể trao đổi với một thông dịch viên, hãy gọi (855) 333-5731.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



City of South Fulton HSA Option - OA POS

Lumenos HSA and Gift Card Incentive Plan

Summary - **Draft**

The Lumenos® with HSA plan is designed to empower you to take control of your health, as well as the dollars you spend on your health care. This plan gives you the benefits you would receive from a typical health plan, plus health care dollars to spend your way. And you can earn rewards for taking certain steps to improve your health.

Health Savings Account

With this plan you can contribute pre-tax dollars to your HSA to pay for covered services. Others may also contribute dollars to your account. You can use these dollars to help meet your annual deductible. Unused dollars can be saved or invested and accumulate through retirement.

Contributions to Your HSA

For 2017, contributions can be made to your HSA up to the following:
 \$3,400 individual coverage
 \$6,750 family coverage

When using out-of-network providers, members are responsible for any difference between the Maximum Allowed Amount and the amount the provider actually charges, as well as any copayments, deductibles and/or applicable coinsurance.

Deductibles, Coinsurance and Maximums	In-network Benefit Level	Out-of-Network Benefit Level
Calendar Year Deductible*		
▪ Individual	\$1,500	\$3,000
▪ Family	\$3,000	\$6,000
Coinsurance	Member pays 10% Plan pays 90%	Member pays 40% Plan pays 60%
Calendar Year Out-of-Pocket Maximum* (includes calendar year deductible)		
▪ Individual	\$3,000	\$6,000
▪ Family	\$6,000	\$12,000

*Deductibles and out-of-pocket maximums are added separately for in-network and out-of-network services. For Family policies, the Family Deductible must be met before individual family members are eligible for coverage on health care expenses. All deductible amounts go toward the Family out-of-pocket maximum. When the Family deductible is met, all family members can access coverage for health care expenses. The medical copayments, deductible, and coinsurance on this plan will apply toward the out-of-pocket maximums. The following do not apply to out-of-pocket maximums: non-covered items, plan premiums, any balance billing due to Out-of-Network services.

Covered Services	In-network Benefit Level	Out-of-Network Benefit Level
Preventive Care Services for Children and Adults (preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits)		
▪ Well-child care, immunizations ▪ Periodic health examinations ▪ Annual gynecology examinations ▪ Prostate screenings	Member pays 0% (not subject to deductible)	Member pays 40% after deductible (deductible waived through age 5)
Physician Office Visits for Illness and Injury ▪ Primary Care Physician (PCP) ▪ Specialist Physician	Member pays 10% after deductible	Member pays 40% after deductible
Retail Health Clinic- (located in some pharmacies; search for in-network providers through Find a Doctor search tool on anthem.com) ▪ Immunizations ▪ Periodic health examinations	Member pays 10% after deductible	Member pays 40% after deductible
Maternity Physician Services ▪ Global obstetrical care (prenatal, delivery and postpartum services)	Member pays 10% after deductible	Member pays 40% after deductible
Diagnostic X-Ray (office and/or outpatient facility)	Member pays 10% after deductible	Member pays 40% after deductible
Diagnostic Lab ▪ Office setting ▪ Facility setting	Member pays 10% after deductible Member pays 10% after deductible	Member pays 40% after deductible Member pays 40% after deductible
Allergy Services ▪ Office visits, testing and the administration of allergy injections ▪ Allergy injection serum	Member pays 10% after deductible Member pays 10% after deductible	Member pays 40% after deductible Member pays 40% after deductible

Covered Services	In-network Benefit Level	Out-of-Network Benefit Level
Office Surgery (surgery and administration of general anesthesia)	Member pays 10% after deductible	Member pays 40% after deductible
Online Medical Visit (https://livehealthonline.com)	Member pays 10% after deductible	Member pays 40% after deductible
Online Behavioral Health Visit (https://livehealthonline.com)	Member pays 10% after deductible	Member pays 40% after deductible
Office Therapy Services <ul style="list-style-type: none"> Physical Therapy and Occupational Therapy: 20-visit benefit period maximum combined Speech Therapy: 20-visit benefit period maximum Chiropractic Care/Manipulation Therapy: 20-visit benefit period maximum 	Member pays 10% after deductible	Member pays 40% after deductible
Other Therapy Services <ul style="list-style-type: none"> Chemotherapy, radiation therapy, cardiac rehabilitation (there is no Cardiac Rehabilitation visit max on this plan; authorization required) and respiratory/pulmonary therapy. 	Member pays 10% after deductible	Member pays 40% after deductible
Advanced Diagnostic Imaging (MRI, MRA, CT Scans and PET Scans)	Member pays 10% after deductible	Member pays 40% after deductible
Urgent Care Center	Member pays 10% after deductible	Member pays 40% after deductible
Emergency Room Services <ul style="list-style-type: none"> Life-threatening illness or serious accidental injury only 	Member pays 10% after deductible	Member pays 10% after deductible
Outpatient Facility Services <ul style="list-style-type: none"> Surgery facility/hospital charges Diagnostic x-ray and lab services Physician services (anesthesiologist, radiologist, pathologist) 	Member pays 10% after deductible Member pays 10% after deductible Member pays 10% after deductible	Member pays 40% after deductible Member pays 40% after deductible Member pays 40% after deductible
Inpatient Facility Services <ul style="list-style-type: none"> Daily room, board and general nursing care at semi-private room rate, ICU/CCU charges; other medically necessary hospital charges such as diagnostic x-ray and lab services; newborn nursery care Physician services (anesthesiologist, radiologist, pathologist) 	Member pays 10% after deductible Member pays 10% after deductible	Member pays 40% after deductible Member pays 40% after deductible
Skilled Nursing Facility <ul style="list-style-type: none"> 120-day benefit period maximum 	Member pays 10% after deductible	Member pays 40% after deductible
Mental Health/Substance Abuse Services (services must be authorized by calling 1-800-292-2879) <ul style="list-style-type: none"> Inpatient mental health and substance abuse services (facility fee) Inpatient mental health and substance abuse services (physician fee) Partial Hospitalization Program (PHP) and Intensive Outpatient Program (IOP) (facility and physician fee) Office mental health and substance abuse services (physician fee) Outpatient mental health and substance abuse services (physician fee) 	Member pays 10% after deductible Member pays 10% after deductible Member pays 10% after deductible Member pays 10% after deductible Member pays 10% after deductible	Member pays 40% after deductible Member pays 40% after deductible Member pays 40% after deductible Member pays 40% after deductible Member pays 40% after deductible
Home Health Care Services <ul style="list-style-type: none"> 120-visit benefit period maximum 	Member pays 10% after deductible	Member pays 40% after deductible
Hospice Care Services <ul style="list-style-type: none"> Inpatient and outpatient services covered under the hospice treatment program 	Member pays 10% after deductible	Member pays 40% after deductible
Durable Medical Equipment (DME)	Member pays 10% after deductible	Member pays 40% after deductible
Ambulance Services (covered when medically necessary)	Member pays 10% after deductible	Member pays 10% after deductible

Prescription Drugs

Note:

- If a member receives a brand name drug that falls on Tier 2 or Tier 3 that has a generic equivalent available, the member pays the Tier 1 copay, plus the difference in cost between the brand drug and generic drug. This applies even when physician indicates DAW (dispense as written) or obtains an authorization.
- Current benefit period cost shares for pharmacy benefits will apply to the plan Out-Of-Pocket Maximums.

Members must file a claim form for reimbursement when using an out-of-network pharmacy.

▪ Benefit Period Deductible applies prior to coinsurance

▪ Retail Drugs - Tier 1 (30 day supply)	10% coinsurance after deductible
▪ Retail Drugs - Tier 2 (30 day supply)	10% coinsurance after deductible
▪ Retail Drugs - Tier 3 (30 day supply)	10% coinsurance after deductible
▪ Retail Drugs - Tier 4 (Specialty Drugs) (30 day supply)	10% coinsurance after deductible
▪ Home Delivery Maintenance Drugs - Tier 1 (90 day supply)	10% coinsurance after deductible
▪ Home Delivery Maintenance Drugs - Tier 2 (90 day supply)	10% coinsurance after deductible
▪ Home Delivery Maintenance Drugs - Tier 3 (90 day supply)	10% coinsurance after deductible
▪ Home Delivery Maintenance Drugs - Tier 4 (Specialty Drugs) (30 day supply)	10% coinsurance after deductible

For a full disclosure of all benefits, exclusions and limitations please refer to your Certificate Booklet.

Summary of Limitations and Exclusions

Your Certificate Booklet will provide you with complete benefit coverage information. Some key limitations and exclusions, however, are listed below:

- Routine physical examinations necessitated by employment, foreign travel or participation in school athletic programs
- Non-emergency use of the emergency room
- Removal/extraction of impacted teeth
- Private duty nursing
- Care or treatment that is not medically necessary
- Cosmetic surgery, except to restore function altered by disease or trauma
- Dental care and oral surgery; except for accidental injury to natural teeth, treatment of TMJ and radiation for head and neck cancer
- Occupational related illness or injury
- Treatment, drugs or supplies considered experimental or investigational

See Certificate Booklet for Complete Details

It is important to keep in mind that this material is a brief outline of benefits and covered services and is not a contract. Please refer to your Certificate Booklet Form# POS-LG 01012017 (the contract) for a complete explanation of covered services, limitations and exclusions.



Anthem Blue Cross and Blue Shield is the trade name of Blue Cross and Blue Shield of Georgia, Inc. Independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

City of South Fulton (NGF) HSAOAP8 3K 20 04/12/2017 AAM

Language Access Services:

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (855) 333-5731.

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

(Arabic) (العربية): كل شيء مستفسر بشأن المستند فيجب ان تحصل على المساعدة الملمة ما بلفظ مقاب. للتق الى
مترجم على (855) 333-5731

Armenian (Հայերեն). Հայերեն հոգաբարձուհիները կարող են օգնել ձեզ հասկանալ փաստաթուղթը:
Հայերենով կարող եք ստանալ օգնություն և տեղեկություններ առանց ավելացված վճարի:
Հայերենով կարող եք կոչվել (855) 333-5731

Chinese (中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。
如需與譯員通話，請致電 (855) 333-5731

(Farsi) (فارسی): هر سوالی دارید می توانید با مترجم رایگان ما صحبت کنید. اگر سوالی دارید یا نیاز به توضیح دارید، با ما تماس بگیرید. (855) 333-5731

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (855) 333-5731.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (855) 333-5731.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (855) 333-5731

(Japanese)(日本語): この文書についてなにか不明な点があれば、あなたはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(855)333-5731にお電話ください。

Language Access Services:

Korean (한국어): 본 문서에 대해 어떠한 문의 사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (855) 333-5731 로 문의하십시오.

(Navajo) (Diné): D7 naaltsoos bik1'7g7 [ahgo b'na'7d7[kidgo nl boh0n4edz3 d00 bee ah00t'i' t'11 ni nizaad k'ehj7 bee nŋ hodoonih t'ladoo b33h 7In'g00. Ata' ha ke'7g7 [a' bich'8' hadeesdzih n/n/zingo koj8' hod7lnih (855) 333-5731.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (855) 333-5731.

(Punjabi) (ਪੰਜਾਬੀ):  , (855) 333-5731 

(Russian) (русский):   , (855) 333-5731.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (855) 333-5731.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (855) 333-5731.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. □ể trao □ỗi với một thông dịch viên, hãy gọi (855) 333-5731.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW, Room 509F, HHH Building, Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



City of South Fulton, Georgia

Summary of benefits & premium

Group Number: 10295
Effective Date: 5/1/2017
Account Executive: John Slack
Offering Status: Slice
Benefit Name: HMO

Assumed Enrollment: TBD
Rate Steps: 3
Proposal Issued: 5/19/2017
Plan Name: Customized plan

In Network

PCP Copay: \$25 Per Visit
Specialist Copay: \$40 Per Visit
Hospital Copayment: \$250 Copay
Rx (GN / BD): G\$10/BS\$30/NP\$50/SPC\$75
DME: \$0, Unlimited Visits
Chiro: \$40, 20 Visits
ER Copay: \$150 Copay
Ambulance Copay: \$0 Per Trip
Outpatient Surgery: 150 Copay
Vision: \$40 Copay
Deductible: None
Coinsurance: \$0
Out of Pocket Max: \$6,450/Single; \$12,900/Family
Annual Benefit Max: None

All services accumulate to the Out of Pocket Maximum (Including Deductible)

	<u>Quoted Rates</u>
Subscriber Only	\$513.82
Sub & 1 dependent	\$982.23
Sub & 2 or more dependents	\$1,280.50

Benefits Requested*

*This is a summary description and is not intended to replace your Group Agreement and EOC, which contain the complete provisions of this coverage.

Version 05.01.11



Fulton County

Effective Date: January 1, 2017 – December 31, 2017

Georgia HMO Plan

\$0 Deductible / 100% Coinsurance
\$25/\$40 OV; \$250 IP Hosp

General Information

Website:

www.kp.org

Member Services:
(Eligibility, Coverage Verification & General Questions)

(404) 261-2590 locally; (888) 865-5813 toll-free
Monday-Friday 7:00 a.m. to 7:00 p.m.

Health Line:

- Appointment Scheduling or Prescription Help:
- Nurse Advice:

(404) 365-0966 locally; (800) 611-1811 toll-free
Monday-Friday 7:00 a.m. to 7:00 p.m.
24 hours a day, 7 days a week

Lifetime Benefit Maximum

None

Annual Deductible: Individual/Family

None

Annual Out-of-Pocket Max: Individual/Family

\$6,450 / \$12,900

Office Visits (Outpatient)

Primary Care

\$25 copay

Specialty Care

\$40 copay

Preventive Care

100% covered

Scheduled Prenatal Visits and 1st Postpartum Visit

100% covered for routine care

Well-Baby Care (30 months or younger)

100% covered

Vision Exam – Optometrist & Ophthalmologist

\$40 copay, includes refractions

Physical, Occupational, Speech Therapy

\$40 copay (PT/OT combined - up to 60 visits/cal yr; ST - up to 30 visits/cal yr)

Outpatient/Ambulatory Surgery

\$150 copay

Lab and X-Ray

Laboratory

100% covered, regardless of setting

X-Ray

100% covered, regardless of setting

MRI/CT/PET/Nuclear Medicine

100% covered, regardless of setting

Emergency Care

Ambulance (Ground or Air)

100% covered

Emergency Room

\$150 copay, waived if admitted

Urgent Care

\$50 copay, at designated facilities

Inpatient Services

Hospital Facility, Physician & other Professional Charges

\$250 copay, per admission

Delivery and Inpatient Baby Care

\$250 copay, per admission



Fulton County

Effective Date: January 1, 2017 – December 31, 2017

Georgia HMO Plan

\$0 Deductible / 100% Coinsurance
\$25/\$40 OV; \$250 IP Hosp

Mental Health and Chemical Dependency

Mental Health Outpatient (Individual)	\$25 copay, unlimited visits per calendar year
Mental Health Outpatient (Group)	\$12 copay, unlimited visits per calendar year
Mental Health Inpatient (per admission)	\$250 copay, unlimited days per calendar year
Chemical Dependency Outpatient (Individual)	\$25 copay, unlimited visits per calendar year
Chemical Dependency Outpatient (Group)	\$25 copay, unlimited visits per calendar year
Chemical Dependency Inpatient (per admission)	\$250 copay, unlimited days per calendar year

Prescription Drugs

Prescription Drug Deductible	None
KP Pharmacy / Network: Generic	\$10 at Kaiser Permanente Pharmacies / \$20 at Network Pharmacies*
KP Pharmacy / Network: Preferred Brand	\$30 at Kaiser Permanente Pharmacies / \$40 at Network Pharmacies*
KP Pharmacy / Network: Non-Preferred Brand	\$50 at Kaiser Permanente Pharmacies / \$60 at Network Pharmacies*
KP Pharmacy / Network: Specialty	\$75 at Kaiser Permanente Pharmacies / \$85 at Network Pharmacies*
KP Pharmacy / Network: Day Supply	30-Day Supply
Mail Order: Generic	\$20 copay through Kaiser Permanente only
Mail Order: Preferred Brand	\$60 copay through Kaiser Permanente only
Mail Order: Non-Preferred Brand	\$100 copay through Kaiser Permanente only
Mail Order: Specialty	\$150 copay through Kaiser Permanente only
Mail Order: Day Supply	90-Day Supply

Other

Skilled Nursing Facility (SNF)	100% covered, up to 120 days per calendar year
Infertility Diagnosis	\$40 copay for diagnosis in office (Treatment & Drugs are not covered).
Hospice Care	100% covered
Home Health Care	100% covered, up to 120 visits per calendar year; Private Duty nursing is not covered.
Durable Medical Equipment (DME)	100% covered, unlimited
Chiropractic Care	\$40 copay, up to 20 visits per calendar year
Hearing Aids	\$2,000 Calendar Year Maximum

Notes

*Members have the option to get their initial prescriptions filled at one of our network pharmacies like Rite Aid and Walgreens at a higher copay. Subsequent refills will be available only through Kaiser Permanente Pharmacies, either at our facilities or through our mail order/home delivery option.

Additional Information

This is a summary of your benefits and their copayments. This is not a contract. A complete list, exclusions, and limitations are contained in the Group Agreement we have with your employer and the Evidence of Coverage you will receive. In the case of a conflict between this benefit chart and the Evidence of Coverage, the Evidence of Coverage will prevail. For specific questions about coverage, please ask your employer's benefits office or contact Kaiser Permanente Member Services at (404)281-2590.

Kaiser Permanente: Fulton County

Summary of Benefits and Coverage: What this Plan Covers & What it Costs Coverage for: Individual / Family | Plan Type: HMO Coverage Period: 01/01/2017-12/31/2017



This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.kp.org/plandocuments or by calling 1-888-865-5813.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	\$0	See Chart on Page 2 for your costs for services this plan covers.
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services, but see the chart starting on page 2 for other costs for services this plan covers.
Is there an out-of-pocket limit on my expenses?	Yes. \$6,450 individual/\$12,900 family	The out-of-pocket limit is the most you could pay during a coverage period (usually one year) for your share of the cost of covered services. This limit helps you plan for health care expenses.
What is not included in the out-of-pocket limit?	Premiums, balance-billed charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 2 describes any limits on what the plan will pay for specific covered services, such as office visits.
Does this plan use a network of providers?	Yes. For a list of plan providers , see www.kp.org or call 1-888-865-5813.	If you use an in-network doctor or other health care provider , this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network provider for some services. Plans use the term in-network, preferred , or participating for providers in their network . See the chart starting on page 2 for how this plan pays different kinds of providers .
Do I need a referral to see a specialist?	Yes. Written approval is required to see most specialists.	This plan will pay some or all of the costs to see a specialist for covered services but only if you have the plan's permission before you see the specialist .
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about excluded services .

Questions: Call 1-888-865-5813, 711(TTY/TDD) or visit us at www.kp.org.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-888-865-5813 to request a copy.



- **Copayments** are fixed dollar amounts (for example, \$15) you pay for covered health care, usually when you receive the service.
- **Coinsurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is \$1,000, your **coinsurance** payment of 20% would be \$200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges \$1,500 for an overnight stay and the **allowed amount** is \$1,000, you may have to pay the \$500 difference. (This is called **balance billing**.)
- This plan may encourage you to use **plan providers** by charging you lower **deductibles**, **copayments** and **coinsurance** amounts.

Common Medical Event	Services You May Need	Your Cost If You Use a Plan Provider	Your Cost If You Use a Non-Plan Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	\$25 per visit	Not covered	If you receive services in addition to an office visit, additional copayments, deductibles, or coinsurance may apply.
	Specialist visit	\$40 per visit	Not covered	If you receive services in addition to an office visit, additional copayments, deductibles, or coinsurance may apply.
	Other practitioner office visit	\$40 per visit	Not covered	Coverage is limited to 20 visits per year for chiropractic services
	Preventive care/screening/immunization	No charge	Not covered	Coverage is limited to 1 exam per year
If you have a test	Diagnostic test (x-ray, blood work)	\$0 per visit for Radiology in office; \$0 per visit for LAB in office	Not covered	\$0 for outpatient services.
	Imaging (CT/PET scans, MRI's)	No charge	Not covered	_____none_____

Common Medical Event	Services You May Need	Your Cost If You Use a Plan Provider	Your Cost If You Use a Non-Plan Provider	Limitations & Exceptions
<p>If you need drugs to treat your illness or condition</p> <p>More information about <u>prescription drug coverage</u> is available at www.kp.org.</p>	Generic drugs	\$10 per prescription (retail); \$20 per prescription (network pharmacies); \$20 per prescription (mail order)	Not covered	Covers up to a 30 day supply (retail); 31-90 day supply (mail order). Network Pharmacies limited to one time fill. No charge for contraceptives (subject to formulary guidelines).
	Preferred brand drugs	\$30 per prescription (retail); \$40 per prescription (network pharmacies); \$60 per prescription (mail order)	Not covered	Covers up to a 30 day supply (retail); 31-90 day supply (mail order). Network Pharmacies limited to one time fill.
	Non-preferred brand drugs	\$50 per prescription (retail); \$60 per prescription (network pharmacies); \$100 per prescription (mail order)	Not covered	Covers up to a 30 day supply (retail); 31-90 day supply (mail order). Network Pharmacies limited to one time fill.
	Specialty drugs	\$75 per prescription (retail); \$85 per prescription (network pharmacies); \$150 per prescription (mail order)	Not covered	Covers up to a 30 day supply (retail); 31-90 day supply (mail order). Network Pharmacies limited to one time fill.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$150 per visit	Not covered	_____none_____
	Physician/surgeon fees	Included in facility fee	Not covered	_____none_____

Common Medical Event	Services You May Need	Your Cost If You Use a Plan Provider	Your Cost If You Use a Non-Plan Provider	Limitations & Exceptions
If you need immediate medical attention	Emergency room services	\$150 per visit	\$150 per visit	This Cost Sharing does not apply if admitted directly to the hospital as an inpatient for covered Services (see If you have a hospital stay for inpatient Cost Sharing)
	Emergency medical transportation	No charge	No charge	_____none_____
	Urgent care	\$50 per visit	Not covered	Non-participating provider urgent care covered only if you are temporarily outside of our service area. If you receive services in addition to an office visit, additional copayments, deductibles, or coinsurance may apply
If you have a hospital stay	Facility fee (e.g., hospital room)	\$250 per admission	Not covered	_____none_____
	Physician/surgeon fee	Included in facility fee	Not covered	_____none_____
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	\$25 per visit (individual); \$12 per visit (group)	Not covered	If you receive services in addition to an office visit, additional copayments, deductibles, or coinsurance may apply.
	Mental/Behavioral health inpatient services	\$250 per admission	Not covered	_____none_____
	Substance use disorder outpatient services	\$25 per visit (individual); \$25 per visit (group)	Not covered	If you receive services in addition to an office visit, additional copayments, deductibles, or coinsurance may apply.
	Substance use disorder inpatient services	\$250 per admission	Not covered	_____none_____
If you are pregnant	Prenatal and postnatal care	No charge	Not covered	After confirmation of pregnancy, for the normal series of regularly scheduled routine visits. Coverage is limited to 1 Postnatal visit.
	Delivery and all inpatient services	\$250 per admission	Not covered	_____none_____

Common Medical Event	Services You May Need	Your Cost If You Use a Plan Provider	Your Cost If You Use a Non-Plan Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	No charge	Not covered	Coverage is limited to 120 visits per year. Private duty nursing not covered.
	Rehabilitation services	\$40 per visit (outpatient); \$250 per admission (inpatient)	Not covered	Coverage is limited to 60 outpatient visits per year combined for Occupational and Physical therapy. Speech therapy is limited to 30 outpatient visits per year. Coverage for Habilitation services are combined with Rehabilitation services.
	Habilitation services	\$40 per visit (outpatient); \$250 per admission (inpatient)	Not covered	See Rehabilitation Services for limitation details
	Skilled nursing care	No charge	Not covered	Coverage is limited to 120 days per year.
	Durable medical equipment	No charge	Not covered	Coverage is unlimited to items on our DME formulary.
	Hospice service	No charge	Not covered	_____none_____
	Eye exam	\$40 per visit for refractive exam	Not covered	_____none_____
If your child needs dental or eye care	Glasses	Not covered	Not covered	No coverage for glasses
	Dental check-up	Not covered	Not covered	No dental coverage

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)		
<ul style="list-style-type: none"> • Acupuncture • Cosmetic surgery • Dental care (Adult) 	<ul style="list-style-type: none"> • Infertility treatment • Long-term care • Non-emergency care when traveling outside the U.S. 	<ul style="list-style-type: none"> • Private-duty nursing • Routine foot care • Weight loss programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- | | | |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> • Bariatric surgery • Chiropractic care | <ul style="list-style-type: none"> • Hearing aids | <ul style="list-style-type: none"> • Routine eye care (Adult) |
|----------------------------------------------------------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------------------------------|

Your Rights to Continue Coverage:

If you lose coverage under the plan, then, depending upon the circumstances, Federal and State laws may provide protections that allow you to keep health coverage. Any such rights may be limited in duration and will require you to pay a premium, which may be significantly higher than the **premium** you pay while covered under the plan. Other limitations on your rights to continue coverage may also apply.

For more information on your rights to continue coverage, contact the plan at 1-888-865-5813. You may also contact your state insurance department, the U.S. Department of Labor, Employee Benefits Security Administration at 1-866-444-3272 or www.dol.gov/ebsa, or the U.S. Department of Health and Human Services at 1-877-267-2323 x61565 or www.ccoio.cms.gov.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, you can contact: Member Services at 1-888-865-5813, Monday through Friday, 7:00 AM to 7:00 PM. If you are enrolled through a plan that is subject to the Employee Retirement Income Security Act (ERISA), you may file a civil action under section 502(a) of the federal ERISA statute. To understand these rights, you should check with your benefits office or contact the Employee Benefits Security Administration (part of the U.S. Department of Labor) at 1-866-444-EBSA (3272) or www.dol.gov/ebsa/healthreform. Additionally, a consumer assistance program can help you file your appeal. You may contact the State Department of Insurance at: **Georgia Office of Insurance and Safety Fire Commissioner, Consumer Services Division, 2 Martin Luther King, Jr. Drive, West Tower, Suite 716, Atlanta, Georgia 30334, 800-656-2298**, <http://www.oci.ga.gov/> ConsumerService/. Alternatively, if your plan is not subject to ERISA (for example, most state or local government plans and church plans or all individual plans), you may have a right to request review in state court. You may contact the State Department of Insurance as shown above.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage." **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

Language Access Services:

Spanish (Español): Para obtener asistencia en Español, llame al **1-888-865-5813**

Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa **1-888-865-5813**

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 **1-888-865-5813**

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' **1-888-865-5813**

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.



This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby (normal delivery)

- Amount owed to providers: \$7,540
- Plan pays \$7,040
- Patient pays \$500

Sample care costs:

Hospital charges (mother)	\$2,700
Routine obstetric care	\$2,100
Hospital charges (baby)	\$900
Anesthesia	\$900
Laboratory tests	\$500
Prescriptions	\$200
Radiology	\$200
Vaccines, other preventive	\$40
Total	\$7,540

Patient Pays:

Deductibles	\$0
Copays	\$300
Coinsurance	\$0
Limits or exclusions	\$200
Total	\$500

Managing type 2 diabetes (routine maintenance of a well-controlled condition)

- Amount owed to providers: \$5,400
- Plan pays \$4,420
- Patient pays \$980

Sample care costs:

Prescriptions	\$2,900
Medical Equipment and Supplies	\$1,300
Office Visits and Procedures	\$700
Education	\$300
Laboratory tests	\$100
Vaccines, other preventive	\$100
Total	\$5,400

Patient Pays:

Deductibles	\$0
Copays	\$900
Coinsurance	\$0
Limits or exclusions	\$80
Total	\$980

Total amounts above are based on subscriber only coverage

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, copayments, and coinsurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

x No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

x No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as copayments, deductibles, and coinsurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.

Questions: Call 1-888-865-5813, 711(TTY/TDD) or visit us at www.kp.org.

If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 1-888-865-5813 to request a copy.

This page is intentionally left blank.

Fwd: AETNA Dental, Life & Disability Proposal

judith richards <juditharich@outlook.com>

Mon 5/15/2017 9:49 AM

To: cityofsouthfulton@outlook.com <cityofsouthfulton@outlook.com>;

📎 18 attachments (363 KB)

image001.jpg; ATT00001.htm; image002.jpg; ATT00002.htm; image001.jpg; ATT00003.htm; image002.jpg; ATT00004.htm; image003.jpg; ATT00005.htm; image004.jpg; ATT00006.htm; image003.jpg; ATT00007.htm; image004.jpg; ATT00008.htm; City of South Fulton Life LTD Proposal.pdf; ATT00009.htm;

Sent from my iPhone

Judith Richards

Begin forwarded message:

From: "Ramsammy, Angela R" <RamsammyA@aetna.com>
Date: May 14, 2017 at 11:53:58 PM EDT
To: judith richards <juditharich@outlook.com>
Cc: "rc908@bellsouth.net" <rc908@bellsouth.net>, "Duckworth, Marcus E" <DuckworthM@aetna.com>, "Cosgrove, Mike (Michael)" <CosgroveM@AETNA.com>
Subject: RE: AETNA Dental, Life & Disability Proposal

Judith,

Please forward to the County Manager on our behalf.

Attached is the revised proposal with our best-and-final rates:

- We are reducing our Basic Life rate from \$0.19 down to \$0.15
- We are reducing our AD&D rate from \$0.048 down to \$0.040
- We are reducing the LTD rate from \$0.486 down to \$0.380
- We will continue to match the Employee paid Supplemental Life and Dependent Life rates.

Our Actuarial and Underwriting team have provided the below reasoning regarding the rating differential between the City of South Fulton's plan and Fulton County's current plan:

- The group is spinning off a significantly larger customer, so the Life / LTD volume is lower for the City of South Fulton. This causes higher retention (expenses).

- The biggest factor is the industry and occupations we are covering. The group consists of 75% Police and Fire for both Life and LTD. This percentage of Police and Fire increase the underwriting factors that we use, based on the hazardous occupations.
- The rates produced are manually rated (developed from the group's demographics, plan design and industry) and we have no separate claims experience to review since they group was blended with the larger group.
- The group's Basic Life average benefit is \$50,000, average age is 44 and mostly male population (77%) which is a factor in the higher rate.
- The group's Supplemental Life average benefit if \$79,000 and average is 46

Angela

Angela R. Ramsammy

PLS Account Director, GA & Mid-South Region

RamsammyA@aetna.com

1100 Circle 75 Parkway, Suite #1400

Atlanta, GA 30339

(470) 585-0570



Proposal for:

City of South Fulton

Proposal Date: Revised May 11, 2017

Agency Credit Ratings:

- The credit ratings for Aetna Life Insurance Company are evidence of our financial soundness and claims paying ability. The financial strength ratings are:

– A. M. Best	A
– S&P	A+
– Moody's	A2
– Fitch	AA-

Life and AD&D:

- Ranked 7th in the market at year end 2014
- Covering over 5.2 million lives
- \$1.1+ billion in annual premium
- 9,700+ customers
- 29,000+ claims paid annually
- First group life policy issued in 1913

Disability and Absence Management:

- Ranked 5th in the market at year end 2014
- Covering over 6.9 million lives
- \$1.5 billion in annual premium and premium equivalents
- 3,500+ customers
- 540,000+ claims under management in 2014
- Launched clinical model in 2006
- First to market with an Integrated Health & Disability offering in 2003
- First group disability Insurance product brought to market in 1919

Basic Life and AD&D Rates*

Benefit Name	Lives	Rate	Volume	Monthly Premium
Basic Life	407	\$0.150/\$1,000	\$20,350,000	\$3,053
Basic AD&D Ultra	407	\$0.040/\$1,000	\$20,350,000	\$814

Optional Life Rates*

Benefit Name	Age Bands	Lives	Rate	Volume	Monthly Premium
Optional Employee Life		223	\$0.300/\$1,000	\$17,725,000	\$5,318
Optional Child Life		61	\$4.293/per unit	\$1,893,000	\$262

Aetna bills Optional Life Insurance on an age graded basis. It is expected that employee deductions will be taken based on these rates and aggregate insured volume will be reported monthly for each 5-year age bracket. The proposed rates may be subject to imputed income under Section 79 of the Internal Revenue Code. Please consult your tax counsel on this matter.

* A census with final enrollments should be submitted to Aetna prior to the effective date; however, it must be provided no later than 30 days after the enrollment date. The final rates may be subject to change based on our review of the enrolled status.

Basic and Optional Life Insurance Plan Design

Plan Features	Full-Time Employees
Eligibility Waiting Period	After 30 days of employment
Minimum Hours/Week	20 hours
Basic Life	\$50,000
Basic AD&D	Equal to Basic Life Insurance
Dependent Child Eligibility	Live birth to age 19; to age 25 if full-time student
Optional Life (employees must purchase Optional Life in order to purchase Optional Dependent Life)	\$25,000 increments subject to a maximum of the lesser of 5x earnings or \$200,000
Optional Dependent Life	Spouse: \$10,000 Child(ren): Live birth to 14 days; \$100 14 days to age 19/25 if full time student: \$10,000
Overall Plan Maximum	\$250,000
Age Reduction Rule	None
Basic Life Guarantee Issue*	\$50,000
Optional Guarantee Issue*	\$200,000
Optional Dependent Guarantee Issue*	Spouse: \$10,000 Child: \$10,000
Disability Provision (for active employees only; upon qualifying, all AD&D Ultra and Dependent Life Insurance ends)	DBO
Accelerated Death Benefit	Included 75% Discounted
Travel Assist	Included
Portability [Portability rates are pooled and will be different than the quoted active rates.]	Included Basic and Optional

Life and AD&D Quote Assumptions

Effective Date	05/01/2017
Rate Guarantee	24 Months (05/01/2017 -04/30/2019) * * Receiving census at least once per year is a condition of the rate guarantee.
SIC Code	<ul style="list-style-type: none"> 9199
Commissions	<ul style="list-style-type: none"> Basic Life Commissions: Net of Commissions Optional Life Commissions: Net of Commissions Producer Compensation <p>Aetna has various programs for compensating agents, brokers and consultants. If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which Aetna has made to your producer, or other material relationships your producer may have with Aetna, you may contact your producer or your Aetna account representative. Information regarding Aetna's programs for compensating producers is also available at www.aetna.com.</p>
Premium Tax	Included in rates
Contract State	GA—The Aetna (ALIC) standard filed contract language applies to this proposal unless changes are approved in advance by Underwriting. Special drafted contract language or plan provisions are not assumed in the rates.
Grace Period	31 Days
Eligibility Handling	Eligibility will be maintained by City of South Fulton
Basic Life Minimum Participation	100%
Optional Life Minimum Participation	25%
Active At Work Rules	<ul style="list-style-type: none"> <u>Plan Effective Date – Actively Working Employees:</u> Existing coverage is transferred on a “no loss – no gain” basis. This means that an employee or participant will not be penalized or lose the benefits/provisions already attained before switching insurance carriers, nor will they gain any additional benefits/provisions for which they have not yet satisfied the requirements or are not yet eligible for. <u>Plan Effective Date – Disabled Employees:</u> Employees who are away from work due to a disability who are not covered under a prior carrier's premium waiver feature may have existing coverage transferred on a “no loss – no gain” basis. To do this Aetna requires the receipt of a list of disabled employees. This list should include life coverage amount, date of birth, and disability reason. Based on the review of this list Aetna reserves the right to make adjustments to the proposal. <u>Newly Eligible Employees:</u> If ill or injured, and away from work on the date that coverage would become effective, the effective date of coverage is delayed until the employee returns to full-time work for one full day.
Evidence Of Insurability Will be Required in the Following Situations	<ul style="list-style-type: none"> <u>Exceeding the Guarantee Issue Amount:</u> Any amount above the guarantee issue amount that is listed in the Plan Design section of the proposal will require evidence of insurability. Evidence of insurability is not required due to an increase in salary that results in coverage above the guarantee issue amount.

	<ul style="list-style-type: none"> • Late Applicants: Employees who enroll for any contributory Life coverage more than 31 days after the date they are first eligible, elect to increase their coverage, were previously declined for coverage, provided incomplete information, or, have applied for and received and accelerated death benefit payment will be required to provide evidence of insurability. • Increases in Coverage: Employees who are currently enrolled for Optional or Dependent Life are allowed to increase the coverage by one level without having to provide evidence of insurability, provided the increase does not exceed the guarantee issue amount. • Reinstatement of Coverage: Employees who voluntarily cancel Optional or Dependent Life will be required to provide evidence of insurability if coverage is again requested. • Rehired Former Employees: If an employee is rehired after having terminated their employment, they will be subject to the same evidence of insurability requirements that apply to a person who has been hired for the very first time.
Definition of Earnings	<ul style="list-style-type: none"> • Commissioned Sales Force: Total annual income, including commissions, averaged over a 12 month period or actual months of employment if less. • All others: The employee's basic annual salary or wage, exclusive of bonuses, overtime or extra compensation.
Accelerated Death Benefit	<ul style="list-style-type: none"> • 24 month terminal illness period • 75% max benefit percentage • \$500,000 benefit max • Payment will be discounted by an interest charge
AD&D Ultra Provisions	<ul style="list-style-type: none"> • One quarter payment for uniplegia, or loss of a thumb and index finger on the same hand; one-half payment for paraplegia or hemiplegia; loss of a hand, foot or sight of one eye; either hearing or speech; or third degree burns covering 50-74% of the covered person's body; full payment for quadriplegia; loss of both hearing and speech; both hands, both feet, or both eyes; third degree burns covering 75% or more of the covered person's body; or life • In addition to the standard benefits listed above, we also provide the following coverage at no additional cost: <ul style="list-style-type: none"> – Passenger Restraint and Airbag Benefit - \$10,000 Seatbelt/\$5,000 Airbag – Education Benefit for Spouse and/or Child - 5% to \$5,000 – Child Care Benefit - 3% to \$2,000 – Repatriation of Remains –up to \$5,000 – Coma Benefit– 5% of the Principal Sum for up to 11 months, 45% at month 12 • Total Disability Benefit– up to 100% of the principal sum
Disability Provision	<p>Death Benefit Only: The proposed Basic and Optional Life plan does not provide continuation of coverage for disabled employees. Coverage will only be continued as long as premium payments are paid and the Basic and Optional Life Insurance plan is in force with Aetna.</p>
AD&D Ultra Exclusions	<ul style="list-style-type: none"> • No benefits are payable for a loss, or the accident which resulted in the loss, if the loss or the accident is the result of: A bodily or mental infirmity; a disease, ptomaine or bacterial infection, not a direct result of an accident; medical or surgical treatment not needed as a direct result of an accident;

	<p>suicide or attempted suicide; an intentionally self-inflicted injury; ligature strangulation resulting from auto-erotic asphyxiation; war or act of war; voluntary inhalation of poisonous gases; commission of or attempt to commit a criminal act; use of alcohol, drugs or intoxicants, except as prescribed by a physician (when the person follows the dosage instructions); contact with nuclear or atomic energy; and air or space travel, unless a passenger without duties. (Exclusions vary by state)</p>
Portability	<ul style="list-style-type: none"> • Eligibility Age: 98 (employee & spouse) • Termination Age: 99 (employee & spouse) • Maximum Benefit Amount Employee: \$500,000 • Maximum Benefit Amount Spouse: \$100,000 • Maximum Benefit Amount Child: \$5,000 • Available to retirees, but not disableds • Employee must port in order to port dependent coverage
Additional Assumptions	<ul style="list-style-type: none"> • Quotes are based on the assumptions that all information provided to Aetna is correct and complete, that the employer is a legitimate employer group and that the group is in sound financial condition. • Our quote assumed that both employer and employee paid benefits are compliant with ERISA regulations. • We reserve the right to re-calculate our rates/fees if there is a 10% change in lives, volume, or plan design. Or if there is a material difference between the actual information submitted on the effective date and that submitted for use in preparing this quotation. • We reserve the right to recalculate our rates/fees if there is a statutory or regulatory requirement mandating the change of any benefit provision or administration, for example the elimination or restriction of a plan's ability to offset or reduce payable disability benefits by other income, including SSDI amounts. • Notification of acceptance of the proposal must be communicated in writing to Aetna no later than the earlier of 90 days from the date of this proposal and 30 days prior to the effective date. Otherwise, late acceptance may cause a delay in contract issuance and other pertinent insurance information. Late submission may also result in an invalid proposal and require postponement of the effective date. • The rate guarantee is subject to the policy's termination provision. In addition, receiving census at least once per year is a condition of the rate guarantee. • AD&D Ultra benefits cannot be purchased without the purchase of Basic Life. • The enclosed group insurance rates assume that Aetna is the insurer for the life product for the policy year. Should Aetna not be the insurer for the group insurance product, the enclosed rates are subject to change.
Takeover Claims	<ul style="list-style-type: none"> • We agree to underwrite the program to avoid employee loss of coverage (i.e., we will cover on a no loss/no gain basis). This means that an employee or participant will not be penalized or lose the benefits/provisions already attained before switching Insurance carriers, nor will they gain any additional benefits/provisions for which they have not yet satisfied the requirements or

	<p>are not yet eligible for.</p> <ul style="list-style-type: none"> For plans that currently have a premium waiver provision in place, we assume that pending, as well as known claims for disabled employees (i.e., premium waiver claims), are the responsibility of the prior carrier.
Deviations	<ul style="list-style-type: none"> Proposal includes our standard provisions. Our insurance contracts are filed with and regulated by the states in which they are insured. While having made every attempt to match the exact plan provisions specified in the request for proposal, some variations due to filing requirements are unavoidable. Please note that compliance with ADEA is the responsibility of the plan sponsor. Unless otherwise stated, the proposal is based on Aetna standard benefits.
Termination by Us	<ul style="list-style-type: none"> This Policy will terminate as of the last day of the Grace Period if the Premium remains unpaid at the end of the Grace Period as described in the Grace Period provision under the quote assumptions section and is subject to the terms of any laws or regulations. In addition, We may terminate this Policy as to any or all coverage, other than the Health Expense Coverage, of all or any class of employees or dependents of any one or more member employers by giving prior written notice to the Policyholder of when it will terminate. The date shall not be earlier than 31 days after the date of the notice unless it is agreed to by the Policyholder and Us.
<p>Life benefits are underwritten or administered by Aetna Life Insurance Company (ALIC). This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Consult your Group Insurance Certificate to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies. While this material is believed to be accurate as of the print date, it is subject to change without notice. In case of conflict between your plan documents and this information, the plan documents will govern.</p>	
<p>If coverage provided by any insurance policy violates or will violate any economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Asset Control (OFAC) license. For more information, visit http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx</p>	

Long Term Disability Rates*

Benefit Name	Lives	Rate**	Monthly Covered Payroll	Monthly Premium
Long Term Disability	407	\$0.380/\$100 Monthly Covered Payroll	\$1,711,233	\$6,502.69
* A census with final enrollments should be submitted to Aetna prior to the effective date; however, it must be provided no later than 30 days after the enrollment date. The final rates may be subject to change based on our review of the enrolled status.				
** Covered Monthly Payroll for each employee will be equal to the monthly salary to a maximum of the maximum monthly benefit / benefit Percentage.				

Long Term Disability Plan Design

Plan Features	Full-Time Employees
Eligibility Waiting Period	After 30 days of employment
Minimum Hours/Week	30 Hours
Benefit %	60%
Maximum Monthly Benefit	\$5,000
Maximum Benefit Period	To Age 65 RBD or SSNRA
Minimum Monthly Benefit	10% Gross /\$100
Elimination Period	180 Days
Definition of Disability/Own Occupation Duration	24 Months
Partial Disability	Included
Definition of Earnings	<p><u>Commissioned Sales Force</u>: Basic earnings immediately preceding the date of disability exclusive of bonuses, overtime or extra compensation, inclusive of commissions averaged over 12 month period or actual months of employment if less.</p> <p><u>All others</u>: Basic earnings immediately preceding the date of disability exclusive of bonuses, overtime or extra compensation.</p>
Earnings Test	80%/60%
Zero Day Residual	Yes
Pre-Existing Exclusion	3/12
Mental/Nervous Limitation	24 months per occurrence
Alcohol/Drug Limitation	24 months per occurrence
Self-Reported Disability Limitation	Not Included
Separate Periods of Disability	30 days/6 months
Social Security Offsets	Primary and Family
Work Incentive Benefit Duration/Thereafter	12 months/Proportional benefit
Integration Method	Direct
Survivor Benefit	3 months
Rehabilitation	Mandatory; based on employees condition
Employee Contribution Percentage	Non Contributory
Minimum Participation	100%
Waiver of Premium	Included
Enhanced EAP for LTD Insured members	3 face-to-face sessions plus unlimited telephonic EAP

Maximum Benefit Period	Definition																
SSNRA	<p>Benefits are payable while disabled according to the following schedule or until the 1983 amended Social Security Normal Retirement Age, if later</p> <p>Disabled at age 61 or younger, benefits continue to end of month age 65</p> <table> <tr> <td>age 62,</td><td>42 months</td></tr> <tr> <td>age 63,</td><td>36 months</td></tr> <tr> <td>age 64,</td><td>30 months</td></tr> <tr> <td>age 65,</td><td>24 months</td></tr> <tr> <td>age 66,</td><td>21 months</td></tr> <tr> <td>age 67,</td><td>18 months</td></tr> <tr> <td>age 68,</td><td>15 months</td></tr> <tr> <td>age 69+</td><td>12 months</td></tr> </table>	age 62,	42 months	age 63,	36 months	age 64,	30 months	age 65,	24 months	age 66,	21 months	age 67,	18 months	age 68,	15 months	age 69+	12 months
age 62,	42 months																
age 63,	36 months																
age 64,	30 months																
age 65,	24 months																
age 66,	21 months																
age 67,	18 months																
age 68,	15 months																
age 69+	12 months																

Long Term Disability Quote Assumptions

Effective Date	05/01/2017
Rate Guarantee	24 Months (05/01/2017 - 04/30/2019) * * Receiving census at least once per year is a condition of the rate guarantee.
SIC Code	9199
Contract State	GA—The Aetna (ALIC) standard filed contract language applies to this proposal unless changes are approved in advance by Underwriting. Special drafted contract language or plan provisions are not assumed in the rates.
Grace Period	31 Days
Commissions	Net of Commissions Producer Compensation Aetna has various programs for compensating agents, brokers and consultants. If you would like information regarding compensation programs for which your producer is eligible, payments (if any) which Aetna has made to your producer, or other material relationships your producer may have with Aetna, you may contact your producer or your Aetna account representative. Information regarding Aetna's programs for compensating producers is also available at www.aetna.com .
Premium Tax	Included in rates
Actively At Work Rule	<u>Plan Effective Date – Actively at Work Employees</u> – Existing coverage is transferred on a “no loss – no gain” basis. <u>Plan Effective Date – Disabled Employees</u> - Employees who are away from work due to a disability incurred prior to the Aetna’s effective date are considered to be covered under the prior carrier’s plan for the duration of their disability. <u>Newly Eligible Employees</u> – If ill or injured, and away from work on the date that coverage would become effective, the effective date of coverage is delayed until the employee returns to full-time work for one full day
Definition of Disability	<u>Increases in coverage</u> . applies to increases in coverage <u>During the Elimination Period and the Own Occupation Period</u> : any day that an individual is unable to perform the material duties of his own occupation; or while unable to perform the material duties of his own occupation, is performing at least one of the material duties of any occupation on a part-time or full-time basis and has lost at least 20% of his indexed pre-disability earning due to a disabling condition. <u>During the any reasonable occupation period</u> : any day that an individual is unable to perform the material duties of any occupation for which he is or may become fitted, based on training, education or experience; or while unable to perform the material duties of any reasonable occupation, is performing at least one of the material duties of any occupation on a part-time or full-time basis and has lost at least 40% of his indexed pre-disability earnings due to a disabling condition.
Types of Disability Covered	Occupational and Non-occupational, not in lieu of Workers’ Compensation

Other	<ul style="list-style-type: none"> • Our quote assumed that Quotes are based on the assumptions that all information provided to Aetna is correct and complete, that the employer is a legitimate employer group and that the group is in sound financial condition. • We reserve the right to re-calculate our rates/fees if there is a change in plan design or a 10% change in lives or volume. Or if there is a material difference between the actual information submitted on the effective date and that submitted for use in preparing this quotation. • We reserve the right to recalculate our rates/fees if there is a statutory or regulatory requirement mandating the change of any benefit provision or administration, for example the elimination or restriction of a plan's ability to offset or reduce payable disability benefits by other income, including SSDI amounts. This includes regulatory changes to FMLA or State leaves if applicable. • Receiving census at least once per year is a condition of the rate guarantee. • Quotes are based on the assumption that the proposed LTD coverage is ERISA compliant. • The enclosed group insurance rates assume that Aetna is the insurer for the long term disability product for the policy year. Should Aetna not be the insurer for the group insurance product, the enclosed rates are subject to change. • Notification of acceptance of the proposal must be communicated in writing to Aetna no later than the earlier of 90 days from the date of this proposal and 30 days prior to the effective date. Otherwise, late acceptance may cause a delay in contract issuance and other pertinent insurance information. Late submission may also result in an invalid proposal and require postponement of the effective date.
Deviations	<ul style="list-style-type: none"> • Proposal includes our standard provisions. • Our insurance contracts are filed with and regulated by the states in which they are insured. While having made every attempt to match the exact plan provisions specified in the request for proposal, some variations due to filing requirements are unavoidable. • Unless otherwise stated, the proposal is based on Aetna standard benefits and administration.
Termination by Us	<ul style="list-style-type: none"> • This Policy will terminate as of the last day of the Grace Period if the Premium remains unpaid at the end of the Grace Period as described in the Grace Period provision under the quote assumptions section and is subject to the terms of any laws or regulations. In addition, We may terminate this Policy as to any or all coverage, other than the Health Expense Coverage, of all or any class of employees or dependents of any one or more member employers by giving prior written notice to the Policyholder of when it will terminate. The date shall not be earlier than 31days after the date of the notice unless it is agreed to by the Policyholder and Us.

If coverage provided by any insurance policy violates or will violate any economic or trade sanctions, the coverage is immediately considered invalid. For example, Aetna companies cannot make payments for health care or other claims or services if it violates a financial sanction regulation. This includes sanctions related to a blocked person or a country under sanction by the United States, unless permitted under a valid written Office of Foreign Asset Control (OFAC) license. For more information, visit <http://www.treasury.gov/resource-center/sanctions/Pages/default.aspx>

Life Insurance

Basic and Optional Life – Standard Product Features****

(Please refer to the Quote Assumptions section for additional information regarding standard product features)

Basic and/or Optional Life – Optional Product Features****

(Please refer to the Quote Assumptions section for additional information regarding optional product features)

Basic and/or Option Dependent Life – Standard Product Features

(Please refer to the Quote Assumptions section for additional information regarding standard and optional product features for dependent life)

- **Benefit Exclusions:** None for basic life. A two year suicide exclusion applies to the optional life benefit.
 - **Premium Waiver:** (Premium Waiver quoted on this case is listed in the Disability Provision section). With this provision, Aetna determines if the employee is permanently and totally disabled. If yes, the employee's coverage may be continued **without** premium payments until the earlier of the date the employee reaches the amended 1983 Social Security Retirement Age or their date of retirement (Standard Option).
 - **Accelerated Death Benefit:** If the employee is diagnosed with a terminal illness and has 24 or fewer months to live, or, suffers from a severe medical condition, the employee may request a portion of their basic life benefit in advance of death.
 - **Conversion Privilege:** Automatically included. Provides employees with the opportunity to convert their life insurance to an individual, whole life policy.
 - **Portability:** When coverage ends due to termination of employment, or, the employee no longer belongs to a class of employees who are eligible for the coverage, the employee may port their coverage provided coverage doesn't end due to illness or injury.
-
- **Benefit Exclusions:** Excludes coverage for dependent that are confined at home or elsewhere due to a medical/health condition until the dependent has been confinement free for 30 days in a row. Includes a two year suicide exclusion.
 - **Accelerated Death Benefit:** If a dependent spouse (or domestic partner if included) is diagnosed with a terminal illness and has 24 or fewer months to live, or, suffers from a severe medical condition, the employee may request that a portion of the dependent's life benefit amount be paid in advance of death.

**Life and AD&D Ultra – Value
Add Services**

- **Aetna Life Essentials™**: All Life and AD&D Ultra quotes include Aetna Life Essentials (ALE). ALE gives employees access to resources they need while everything is good in their life, at the end of their life and after they've passed away, to help employees and their loved ones. ALE provides members with access to:
 - **Financial Planning Services**: Actives, retirees and those who have ported their coverage have access to personalized financial planning help to meet their financial goals.
 - **Physical**: For members who have received a non-death payment under our AD&D Ultra benefit or who are suffering from an end of life condition, we provide direct access to a Licensed Social Worker who will personally assist the member with the struggles of having to deal with their disability or life limiting condition, while advocating for their care and well-being during a difficult period.
 - **Legal Estate Services**: If the employee or their spouse (or domestic partner, if included) is eligible for the Accelerated Death Benefit, we will provide them with access to in-office legal estate services. With the legal estate package an attorney will create or update their will, will execute durable or financial power of attorney forms, revocable living trust documents, tax planning, guardianship documents for minor children and/or provide legal representation for the sale of the member's primary place of residence.

Standard Life Claim Services

- **Customer Service**: We provide a toll-free number for customer service and for providing notification of death to Aetna
- **Claim Payments**: Clean claims are targeted to be processed within 5 business days of receipt by Aetna.
- **Benefit Payment Accuracy**: Target Claim payment accuracy rate of 98 percent.
- **The Online Life Claims System**: Provides plan sponsors with the ability to submit life claims and manage the life claims submission process online through the Employer Secure Website (ESW).
- **Beneficiary Payments**: Except where restricted by state regulations, benefits of \$5,000 or more are deposited into an Aetna Benefits Checkbook account in the beneficiary's name. The funds in the account are not FDIC insured but are guaranteed by Aetna Life Insurance Company. The account provides beneficiaries with "checkbook checks" that may be used to draw upon the account. If the beneficiary chooses to do so, they may write one single check for the full amount of proceeds in the account without penalties or fees. Aetna guarantees a minimum interest rate as set out in the policy or other applicable documents. The amount of interest earned will vary from week to week and will be disclosed in the monthly statements mailed via the U.S. Postal Service to beneficiaries showing account activity. The beneficiaries will earn interest on the benefits in the account as soon as the account is set up. The Aetna Benefits Checkbook account enables beneficiaries to take their time, if necessary, to determine how to use the benefit proceeds.

AD&D

<p>Basic AD&D – Standard Product Features****</p> <p>(Please refer to the Quote Assumptions section for additional information regarding standard and optional product features)</p>	<ul style="list-style-type: none"> • <u>Benefit Amount:</u> Paid to the beneficiary of the employee if the employee dies within 365 days of a covered accident. Non-death benefits are paid to the employee. • <u>Covered Losses Recognized:</u> Loss of life (including exposure and disappearance); loss due to the severance of a hand, foot or thumb and index finger on the same hand; loss of sight, speech or hearing, loss of use of a limb due to paralysis, third degree burns and coma. • <u>Passenger Restraint Benefit:</u> If the employee suffers a loss of life as a direct result of a motor vehicle accident and the insured is properly using a passenger restraint and (if the driver) is properly licensed, a benefit will be payable. If an airbag is activated as a result of the same accident, an additional benefit will be payable. • <u>Education Benefit:</u> If the employee suffers a loss of life as a direct result of an accident, an education benefit will be payable on behalf of each dependent child and/or a surviving spouse for a maximum of 4 years from the date of death, with verification of continued enrollment once the child has graduated from high school. If the child has not yet completed their senior year of high school, we'll automatically make a payment on behalf of the child/ren. • <u>Child Care Benefit:</u> If the employee suffers a loss of life as a direct result of an accident, a child care benefit will be payable to cover expenses associated with the dependent child's enrollment in a legally licensed child care center for a maximum of 4 years from the date of death. • <u>Repatriation of Remains Benefit:</u> If the employee suffers a loss of life as a direct result of an accident while 200 or more miles from home, a benefit will be payable for the preparation and transportation of the body to a hometown mortuary. • <u>Total Disability Benefit:</u> If the employee becomes permanently and totally disabled as a result of a covered accident, this benefit will allow for the payment of the employee's Principal Sum to be made to their beneficiary if they die after the 365 day covered loss period ends provided premium payments continue to be made for the employee's AD&D Ultra coverage. • <u>Benefit Exclusions:</u> Please refer to the Quote Assumptions section for a listing of the standard exclusions that apply to AD&D Ultra coverage. • <u>Conversion:</u> Conversion is not available standalone; however, if the employee elects to convert their Basic and/or Optional Life Insurance, they'll be given an opportunity to purchase an equal amount of AD&D coverage as a rider to the individual whole life policy if covered for AD&D Ultra when their life insurance ended.
<p>Conversion</p>	<ul style="list-style-type: none"> • If the policy discontinues and is not replaced by other group life coverage or if the employer cancels the life coverage for the class of employees to which the employee currently belongs, the amount that can be converted will be limited to \$10,000. • AD&D Ultra cannot be converted; however, when converting the life coverage, an employee will be given an opportunity to purchase a separate AD&D rider to the life conversion policy. • The premium and claim experience for these policies are no longer associated with

	<p>the Life plan. However, the Life plan's claim experience is charged \$195 for each \$1,000 of converted coverage.</p>
<p>Life and AD&D Ultra – Value Add Services</p>	<ul style="list-style-type: none"> • <u>Everest Funeral Package, LLC</u>: Includes 24/7/365 funeral planning and concierge services from Everest Funeral Package, LLC. Everest is an independent consumer advocate whose sole purpose is to provide the information families need to make the most informed decisions around all aspects of the funeral planning process and then to put those wishes into action. • <u>Aetna Life Essentials™</u>: All Life and AD&D Ultra quotes include Aetna Life Essentials (ALE). ALE gives employees access to resources they need while everything is good in their life, at the end of their life and after they've passed away, to help employees and their loved ones. ALE provides members with access to: <ul style="list-style-type: none"> – <u>Financial Planning Services</u>: Actives, retirees and those who have ported their coverage can have prepared on their behalf a personalized financial plan to help them meet their financial goals. – <u>Emotional Support</u>: For employee or spouses suffering from an end of life condition, we provide unlimited telephonic grief counseling services to the member, their family and caregivers if eligible for the accelerated death benefit. We also provide access to our Compassionate Care Website that allows the person or their caregivers to obtain information on how to deal with end of life issues. – <u>Physical</u>: For members who are eligible for Premium Waiver extension, have received a non-death payment under our AD&D Ultra benefit or who are suffering from an end of life condition, we provide direct access to a Licensed Social Worker who will personally assist the member with the struggles of having to deal with their disability or terminal illness, while advocating for their care and well-being during a difficult period. We also provide members with access to vision, hearing, and fitness center discounts. – <u>Legal Estate Services</u>: If the employee or their spouse (or domestic partner, if included) is eligible for the Accelerated Death Benefit, we will provide them with access to in-office legal estate services. With the legal estate package an attorney will create or update their will, will execute durable or financial power of attorney forms, revocable living trust documents, tax planning, guardianship documents for minor children and/or provide legal representation for the sale of the member's primary place of residence. Also includes the Legal Reference Program as shown next.

Life, AD&D Ultra and Disability – Value Add Services	<ul style="list-style-type: none"> • Legal Reference™ Program: Through the Legal Reference Website, members have access to a free Basic Will program. Members can also create at no cost living wills, healthcare and durable financial power of attorney forms. Members also have access to information on identity theft prevention and a Victim Action Kit if a person's identity has been stolen. If the person is insured for supplemental life at the time they file for an accelerated death benefit, the person will also be eligible for free, in-office estate planning services consisting of document preparation, tax planning, uncontested guardianship arrangements and attorney representation for a real estate closing of the member's primary residence if the sale is due to the person's terminal illness. In-office attorney services may also be available to the executor of the person's estate in some instances.
Portability	<ul style="list-style-type: none"> • The portability feature allows employees to take their coverage with them if they leave the company for reasons other than illness or injury. • Coverage can only be ported due to loss of employment or when the employee is no longer part of a class of employees who are eligible for the life insurance coverage. • Employees must port their coverage in order to port dependent coverage. • Ported coverage includes an age reduction rule. Coverage will be reduced to 65% at age 65; 40% at age 70 and 25% at age 75, but not below \$5,000. • When electing portability, the employee may purchase an Accidental Death rider that's equal to the ported life amount (employee only). • If the employee dies or divorces, dependent ported coverage will end. Conversion will not be available. • Former employees may not increase their insurance coverage or add new dependents. • Once coverage has been ported, any death claims are applied to the experience of our portability pool. • If the master group policy is discontinued by the employer, the policy is deemed to remain in effect for individual who have ported their coverage. • Once an employee ports their coverage, they remain subject to all of the plan provisions included in the master group contract, except that a person may not apply for an accelerated death benefit after having ported their coverage. • The eligibility age for portable coverage for employees and spouses (or domestic partners) is age 98. • The termination age is 99. An employee is eligible to port child coverage provided that the child is at least one year younger than the maximum child eligibility age for dependent life insurance. • Portability rates are not the same as the group policy rates and are subject to change. • Aetna will include a direct billing charge of \$2.00 in the premium notices it sends to former employees. • Portability Pool rates are presented on a non-smoker/smoker basis in five-year age bands. Note that these rates are illustrative and are subject to change.

Billing	<ul style="list-style-type: none"> • Summary Billing • Aetna bills Optional Life Insurance on an age graded basis. It is expected that employee deductions will be taken based on these rates and aggregate insured volume will be reported monthly for each 5-year age bracket. The proposed rates may be subject to imputed income under Section 79 of the Internal Revenue Code. Please consult your tax counsel on this matter.
<p>* Availability may be limited based on case size or other factors and some features may be at an additional cost.</p>	

Long Term Disability

Aetna Disability Services*

Service

- Aetna is the industry leader in clinical event management and has been a provider of group disability benefits for more than 80 years.
- Our experience with all size companies and flexible plan design, underwriting and funding means Aetna can meet your needs and the needs of your employers
- Clinical approach to managing disabilities utilizing clinical tools and resources to help manage employees back to work/health
- Centralized Behavioral Health Unit that manages the clinical aspects of psychiatric disabilities
- Centralized Vocational Rehabilitation Specialists that assess rehabilitative services in facilitation of return-to-work
- On-line claim adjudication tool assures consistent interpretation and application of contract provisions
- Choice in claim submission: fax, mail or telephonic*
- Smooth transition from STD to LTD – Claim Liaison assigned
- Designated Disability Benefit Manager for each claimant
- Special Investigations Unit monitors against fraud
- Service and performance standards with regular reports
- Single point of contact for your company's Benefits department

Optional Features*

The following Optional Features are contingent on Aetna's filings some or all of the Optional Benefits may not be available subject to the Filing Restrictions

*Optional Features are available at an additional cost and not included in the proposed quote.

Annual Enrollment

Minimum Participation Requirements

- 24 Months Work incentive Benefit: During the first 24 months that benefits are payable and the employee is working at any occupation, the employee can receive up to 100% of indexed pre-disability earnings through a combination of monthly benefit and work earnings. After 24 months, the monthly benefit payable will be adjusted proportionately to the loss of income.
- Conversion Privilege: When a covered person's employment terminates with the employer, he or she may be eligible to convert and become insured under a disability conversion policy. The LTD conversion policy is intended to serve a temporary solution until the employee becomes insured under another group plan. The employee must convert within 31 days following termination of employment.

If your Coverage is Contributory, each year during the employer's annual enrollment period, employees may elect to change the amount of their Long Term Disability Insurance coverage. Employees who have previously declined coverage may also enroll at this time. All changes or enrollments that occur during this period, however, are subject to the evidence rules as they apply to late entrants.

Aetna's proposal anticipates that a specific level of the eligible employee population will enroll in the plan and continue to be enrolled during the rate guarantee period. If this level were not to be achieved or maintained Aetna reserves the right to adjust the proposal and/or cancel the plan. The participation percentage is based on the number of employees who enroll in the plan versus the total eligible employee population.

Offsets	Income benefit sources payable to the employee, employee's spouse, children and/or dependents due to the employee's disability or retirement. Sources include, but are not limited to, benefits payable from: Jones Act/Maritime Doctrine, unemployment compensation, Workers' Comp, statutory disability plans, employer provided sick leave or salary continuation, Social Security, 3 rd party liability, Canada Pension Plan, Quebec Pension Plan, veteran's benefits, and group disability or retirement plans.
Separate Periods of Disability	If 2 or more separate periods of disability are due to the same or related causes they will be deemed to be one period of disability and only one elimination period will apply if the separation occurs during the elimination period and the periods are separated by less than 30 Days of work or the separation occurs after the elimination period and the periods are separated by less than 6 Months of work.
Pre-existing Condition Limit	These numbers represent the number of months in the Pre-existing Period followed by the Treatment Free Period followed by Month Exclusion Period.
Return to Work	<p>Disabilities resulting from conditions occurring during the Pre-existing Period are excluded from coverage during the Treatment Free and Exclusion Period.</p> <p>If an employee has work earnings of more than 20% of indexed pre-disability earnings, the benefit will be adjusted as follows:</p> <p><u>Work Incentive Benefit:</u> During the first 12 months the employee has such employment income, the monthly benefit will be reduced only to the extent the amount of that employment income plus the gross monthly benefit exceeds 100% of indexed pre-disability earnings.</p> <p>After 12 months, the adjusted benefit will be determined as follows: $(A \text{ divided by } B) \times C$ where: A= Indexed pre-disability earnings minus such employment income. B= Indexed pre-disability earnings C= The net monthly benefit.</p>
Approved Rehabilitation Program	During the employee's active participation in an Aetna Approved Rehab Program, Aetna will pay an additional 10% of monthly benefit after all applicable reductions for other income benefits but not more than \$500 per month. This incentive will be paid up to 6 consecutive months for each period of disability.
Worksite Modification Benefit	Worksite Modification – Aetna provides Worksite Modification on a case by case basis for claimants who, in our determination, could remain at work or return to work with modifications to their worksite environment.
Independent Medical Examinations	The cost for IME has been included in the quoted rates. The cost for IME has been included in the quoted rates.
Termination of Coverage	<ul style="list-style-type: none"> Our quote assumed that Cessation of employment, contract termination, ineligible class, failure to make contribution.

Disability benefits are underwritten or administered by Aetna Life Insurance Company (ALIC). This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan or program benefits and does not constitute a contract. Consult your Group Insurance Certificate to determine governing contractual provisions, including procedures, exclusions and limitations relating to your plan. All the terms and conditions of your plan or program are subject to applicable laws, regulations and policies. While this material is believed to be accurate as of the print date, it is subject to change without notice. In case of conflict between your plan documents and this information, the plan documents will govern.